

North Carolina Telepsychiatry Program

2018 Profile (Data from State Fiscal Year 2018 and current as of 6/30/2018)

Program Facts

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\$1.8M

Annual grant State appropriation and carry forward from the General Assembly to NC-STeP

\$441K

Program support in philanthropic funding through the Duke Endowment

47

Participating Consultant providers

52

Average Length of stay of IVC in hours

26

Median Length of stay of IVC in hours

60

Total number of Telepsychiatry referring sites

4,014

Number of involuntary commitments that were overturned (IVC) in SFY 2018

12,922

Total number of reports of involuntary commitment since SFY 2013

31,693

Assessments provided since SFY 2013

Overview

The N.C. Statewide Telepsychiatry Program (NC-STeP) was developed in response to Session Law 2013-360, directing ORH to oversee a statewide telepsychiatry program. The program was instituted so that an individual presenting at a hospital emergency department with an acute behavioral health crisis will receive a timely specialized psychiatric assessment via video conferencing technology. The practice of telepsychiatry, through NC-STeP, allows for the psychiatric evaluation of patients, through videoconferencing technology, in emergency departments lacking psychiatric staff. Telepsychiatry is defined as "the delivery of acute mental health or substance abuse care, including diagnosis or treatment, by means of two-way real-time interactive audio and video by a consulting provider at a consultant site to an individual patient at a referring site."

Source: Session Law 2013-360

Overall, the program has generated cost savings from overturned involuntary commitments, which benefitted state psychiatric facilities, hospitals, law enforcement agencies, Medicare, Medicaid, and many other stakeholders. Specific to state psychiatric facilities, the program has achieved estimated cumulative cost savings of \$21,675,000.

Return On Investment and Economic Impact

Source: IMPLAN

NC-STeP Expenditures **\$1,521,431** + Created Economic Impact **\$1,146,251** = Total Impact **\$2,667,682**

Generates **18** additional jobs from the economic impact



\$97,331 Generated in state and local taxes which goes back into the local and state economy

\$1,055,033

In employee compensation impacted from the grant

Each NC-STeP grant dollar has a total economic impact of

\$1.75

75% ROI

*Economic impact is estimated to be much greater because improved health outcomes can lead to fewer missed work days, reduced health care costs, and reduced premature morbidity and mortality. Some expenses such as out of state purchases, overhead, and rollover payments are not captured for ROI and economic impact.

Importance

There are 84 counties in NC that are classified as Mental Health Professional Shortage Areas (an increase from 35 in SFY 2017). Though not designated, there are additional counties that have a very low supply of mental health professionals in proportion to the population.

This use of technology can reduce patients' length of stay in the emergency department (which can last for days in some cases) and **overturn unnecessary involuntary commitments (IVCs)**, thereby reducing the burden on staff and reducing costs to the state and federal governments, as well as the private sector.

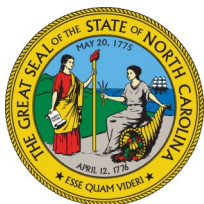
43%

Involuntary Commitments Overturned



1186 patients avoided unnecessary hospitalizations due to overturned IVCs





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Technical Assistance

46 Activities to
29 Counties

Provided by ORH Staff

Site
Development
Assistance

15 Activities

Contract
Development
5 Activities

Community
Development
Assistance
6 Activities

Citizen
Assistance
11 Activities

Board
Meeting
Assistance
5 Activities

Training
sessions
4 Activities

Total Program Funding*

Other
\$440,920
19%

State
\$1,833,137
81%

*Estimate based on budget reorganization.
Funding also reflects carry forward from SFY 2016

Program Reach

60

Live Hospitals

7

Hospitals in Process

6

Provider Hubs

